

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

March 6, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Kabredlos, 2500 NW 12th Street requesting a class D liquor license.

Kabredlos has requested that Anthony Olderbak be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he has been approved by Council on previous liquor licenses.

Kabredlos is current on the required RHC training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

RECEIVED

FEB 25 2008

RECEIVED

FEB 11 2008

CLASS OF LICENSE FOR WHICH APPLICATION
CHECK DESIRED CLASS(S)

NEBRASKA LIQUOR
CONTROL COMMISSION

NEBRASKA LIQUOR
CONTROL COMMISSION

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input checked="" type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☒ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Kelly N. Tolbert Phone number: 474-1731
 Firm Name monow, poppe, oter watermeier

PREMISE INFORMATION

Trade Name (doing business as) Kabredlo's #104
Street Address #1 2500 NW 12 Street
Street Address #2 _____
City Lincoln County Lancaster #2 Zip Code 68521-3402
Premise Telephone number (402) 475-8838
Is this location inside the city/village corporate limits: ☒ YES ☐ NO

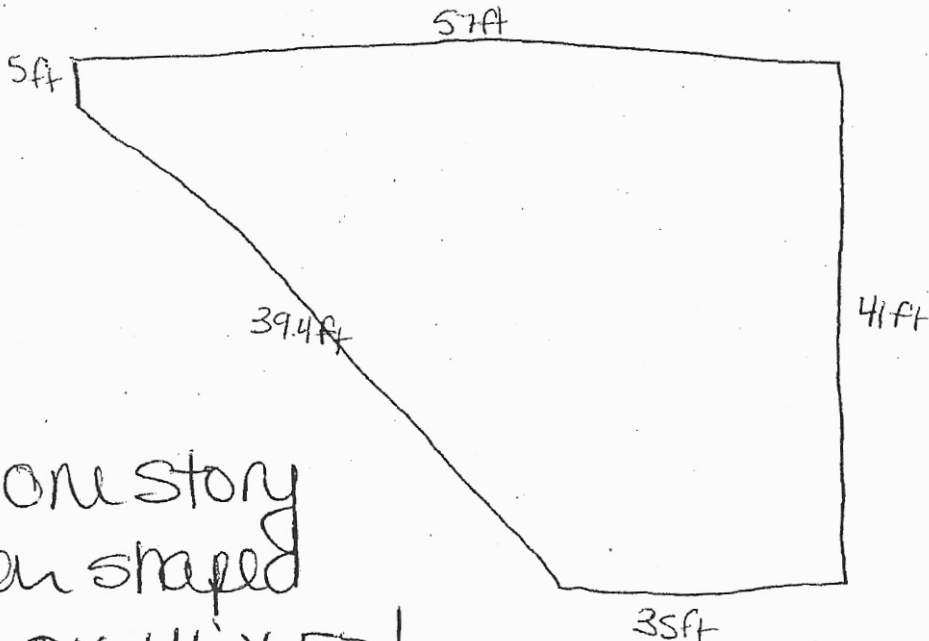
☒ Mail address (where you want receipt of mail from the commission)

Name Kabredlo's, Inc.
Street Address #1 2601 West L Street, Suite A.
Street Address #2 _____

City Lincoln County Lancaster Zip Code 68522

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



Entire one story
Irregular shaped
bldg approx 41' X 57'

APPLICANT INFORMATION

READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Background verifications are attached - please explain verifications are not acceptable for explanation

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number _____

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Union Bank

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Security First Bank, 53rd & Cheney, Lincoln, NE - Mike Olderbak /

mark O Olderbak

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

38593; 47512; 47959; 47961; 47960; 49458; 38742; 42812; 38741; 3980;
42970; 42974; 54924; 58074; 65510

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Anthony Olderbak 10 hours per week

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. Received Training from Kapudlo's on its policies + procedures for selling + serving

+ has constant access to Kapudlo's written policies, as well as state + city laws + regulations.

14. If the premises on which the license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date Year to Year - no expiration See attached
☐ Deed
☐ Purchase Agreement

15. When do you intend to open for business? January 2008

16. What will be the main nature of business? Retail sales.

17. What are the anticipated hours of operation? 10am to 11pm Mon-Fri. 7am to 11pm Sat + Sun.

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
Michael D. Olderbak <u>Lincoln, NE</u>	1996 2007	Cheri Olderbak, <u>Sioux City, IA</u>	1996 2000
		<u>Omaha, NE</u>	2000 2007
Mark Olderbak <u>Lincoln, NE</u>	1996 2007		
<u>Omaha, NE</u>	2002 2007		

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Sarcastee

County of Sarcastee

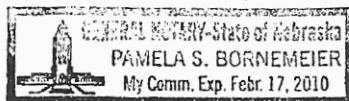
The foregoing instrument was acknowledged before me this 12/26/07 by

The foregoing instrument was acknowledged before me this 12/26/07 by

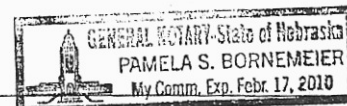
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Notary Public signature

Affix Seal Here



Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Notary Public signature

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use
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FEB 25 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED

FEB 11 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Michael P. Olderbak

Name of Corporation that will hold license as listed on the Articles

Kabredko's, Inc.

Corporation Address: 2601 West L Street

City: Lincoln State: NE Zip Code: 68522

Corporation Phone Number: 402-408-3055 Fax Number

Total Number of Corporation Shares Issued: 400

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Olderbak First Name: Michael MI: D

Home Address: 2840 South 74th St City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-480-4410

[Signature]
Signature of president

State of Nebraska

County of Lincoln

The foregoing instrument was acknowledged before me this

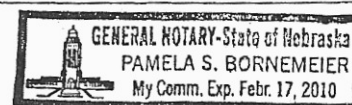
12/26/07
date

by

name of person acknowledged

Pamela S. Bornemeier
Notary Public signature

Affix Seal Here



The foregoing instrument was acknowledged before me this

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Olderbak First Name: Michael MI: D

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 232

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Olderbak First Name: Mark MI: J

Social Security Number: _____ Date of Birth: _____

Title: Vice-President/Secretary Number of Shares 168

Spouse Full Name (indicate N/A if single): Cheri Olderbak

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Olderbak First Name: Cheri MI: _____

Social Security Number: _____ Date of Birth: _____

Title: N/A Number of Shares 0

Spouse Full Name (indicate N/A if single): Mark J. Olderbak

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: Jan ^{July} Ending Date: December ^{June}

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

MANAGER APPLICATION
INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED

FEB 11 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Kabredb's, Inc.

Premise information

Premise License Number: 38593 Class B

Premise Trade Name/DBA: Kabredb's #104

Premise Street Address: 2500 NW 12 Street

City: Lincoln State: Nebraska Zip Code: 68521-3402

Premise Phone Number: (402) 475-8838

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Olderbak First Name: Anthony MI: L

Home Address (include PO Box if applicable): 3291 Randolph St.

City: Lincoln State: NE Zip Code: 68510

Home Phone Number: (402) 435-1710 Business Phone Number: (402) 742-9148

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Grand Forks, ND

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Olderbak First Name: Patricia
MI: L

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Great Falls, Mt.

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
<u>Lincoln NE</u>		<u>1996</u> <u>2007</u>	<u>Lincoln NE</u>		<u>1996</u> <u>2007</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>94</u>	<u>96</u>	<u>76 Truck Stop (Aldo)</u>		
<u>96</u>	<u>96</u>	<u>Village Inn (Grand Island)</u>	<u>Don Vance</u>	

11996 12007 | Lincoln NE

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

Background Verifications are attached.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

Kabredlo's

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

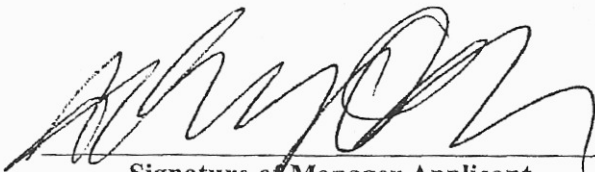
☐ NO

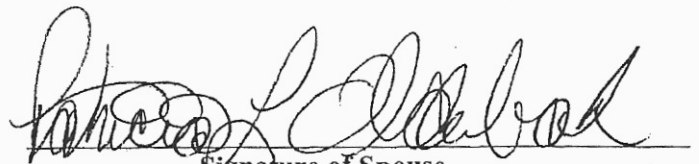
PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant


Signature of Spouse

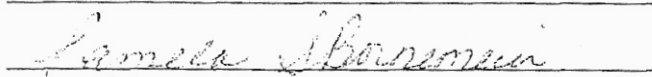
State of Nebraska

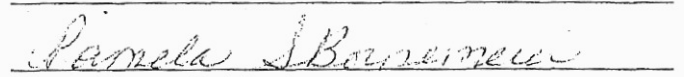
County of Warrick

County of Lincoln

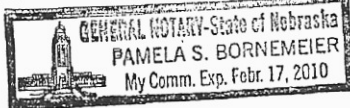
The foregoing instrument was acknowledged before
me this 12/27/09 by

The foregoing instrument was acknowledged before
me this 12/27/09 by

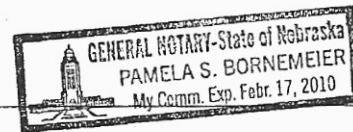

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Notary Public signature

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In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Revised 5/2007

NEBRASKA LIQUOR
CONTROL COMMISSION

MONTANA		CERTIFICATE OF LIVE BIRTH		72 010286	
LOCAL FILE NUMBER		1592		125	
BIRTH NUMBER		72 010286		125	
CHILD NAME FIRST	Middle	LAST	Hauck	DATE OF BIRTH (Month, Day, Year)	2
Patricia	Lynn	CITY, TOWN OR LOCATION OF BIRTH	Great Falls	COUNTY OF BIRTH	Cascade
HOSPITAL NAME (if not in hospital, give street and number)			4b	NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print)	5c
Montana Deaconess Hospital			4b	DATE SIGNED (Mo., Day, Yr.)	1-2-73
CERTIFIER NAME AND TITLE (Type or Print)			5a	DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.)	January 5, 1973
Beverly Roberts			5a	DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.)	January 5, 1973
LOCAL REGISTRAR			7b	AGE (At time of this birth)	20
Betty Bonner, Deputy Registrar			7b	INDICATE CITY LIMITS (Yes or No)	Yes
MOTHER - MARDEN NAME FIRST	MIDDLE	LAST	Garlock	STATE OF BIRTH (if not in U.S.A., name country)	Montana
RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION	Great Falls	STREET AND NUMBER OF RESIDENCE	3514 Central Avenue
Montana	Cascade	CITY, TOWN OR LOCATION	Great Falls	STATE OF BIRTH (if not in U.S.A., name country)	Montana
FATHER NAME FIRST	MIDDLE	LAST	Hauck	STATE OF BIRTH (if not in U.S.A., name country)	North Dakota
Jeffrey	Paul	LAST	Hauck	STATE OF BIRTH (if not in U.S.A., name country)	North Dakota
I hereby certify the personal information provided on this certificate is correct to the best of my knowledge and belief.			MOTHER'S MAILING ADDRESS (if same as above, enter "see above")		
Date of Issuance of Certificate			Date of Issuance of Certificate		